## START WORK NOTIFICATION

This form must be submitted **at least 3 business days before beginning work** to the Rhode Island Department of Health by email at leadprogram@health.ri.gov or by fax at 401-222-2456.

Type of License (check one)	
Lead Hazard Reduction Contractor <b>OR</b>	
☐ Lead Hazard Control Firm (check all that apply): → ☐	Renovate Right pamphlet distributed
→ □	Confirmation of receipt of Form PBLC-29 on file
Type of Notification (check one)	
Project Schedule Start Date End Date	
Lead Hazard Premises	
Occupant Name	Floor(s)/Apartment(s)/Area(s)
Street Address	City & Zip Code
Owner Information	
Name(s)	
Check if address is same as <b>Lead Hazard Premises</b> above (skip to next section)	
Street Address	City, State, Zip Code
Phone	Other Contact
Interior Paint       ☐ Exterior Paint       ☐ Common Area Paint       ☐ Vacant Unit       ☐ Occupied Unit         ☐ Child Care Facility       ☐ Mechanical Paint Removal       ☐ Other	
Government Agency Information	
Lead Hazard Control / Reduction Ordered by Government	Agency Not Applicable (skip to next section)
Agency Name	_
Person Issuing Order	Title
Date Order Issued Final Compliance Date Required by Order	
Firm Information	
Firm Name	
Street Address	City, State, Zip Code
Phone	RI License #
Certifying Lead Hazard Reduction Site Supervisor or Lead-Safe Remodeler/Renovator  I certify that the above information is correct.	
Print Name Signature	RI License # Date